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CONFIRMATION NO. 3534

<b>SERIAL NUMBER</b> 10/531,560	<b>FILING OR 371(c) DATE</b> 01/27/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> 38871.32
<b>APPLICANTS</b> Ian Alexander Shiels, Muirlea, Queensland, AUSTRALIA; <i>AS</i> David Fairlie, Springwood, Queensland, AUSTRALIA; <i>AS</i>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU03/01373 10/15/2003, <i>AS</i>				
<b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA 2002952086 10/16/2002 <i>AS</i>				
** SMALL ENTITY **				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 16
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 27683				
<b>TITLE</b> Treatment of osteoarthritis				
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	